

“NATURAL” CHILDBIRTH AMONG THE KANKANALY-IGOROT

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HISTORY OF “NATURAL” BIRTH

Mothers in earlier periods gave birth in an upright position. This is borne out by countless medieval European miniatures, ancient Roman tombs, Greek amphora, and sarcophagus reliefs. But evidence extends beyond the realms of European culture to Japanese and Chinese ink sketches, ancient Indian rock reliefs, ancient Peruvian burial urns, and ancient Mexican statuettes. Egyptian papyri of the 17th century B.C. refer to the use of obstetrical chairs, which indicates preference for the sitting position during labor. Some Egyptologists maintain that this custom dates back to an account of childbirth which was more than 4,000 years old. Obstetrical chairs were used in China, Japan, and Africa. It has also been proved that they were in use very early on in the Eastern Mediterranean, in the Near East, in ancient Babylon, and Palestine.³⁷

Intensive research by European physicians^{21-24,36} and ethnologists^{3,4,6} revealed that the primeval preference for a squatting, sitting, standing, or kneeling position during labor has prevailed to this day among primitive peoples.¹⁰ In his book *Labor Among Primitive Peoples* (1882) the ethno-medical expert G. J. Engelmann (1847-1903) substantiated this in relation to America with many examples and diagrams (Figure 1).⁶

The growth of scientific medicine in the last 200 years led to the introduction of the supine position during labor because it facilitates both the monitoring of all phases of childbirth and internal manipulation and operations. However, since Leboyer's book *Birth Without Violence*¹⁶ a rethinking process has started with a view back to traditional childbirth practices and their advantages. What, however, is a natural birth and how does it take place?

There is a clear picture of how a natural birth takes place even today among primitive peoples in the film “Geburt im Knien (Zulu, South Africa)” by Uhlig and Kirchhoff³⁴ and in the research work of W. Schiefenhövel²⁶⁻²⁹



Fig. 1. Delivery of an Iroquois indian. Taken from Engelmann, G.J.: *Labor Among Primitive Peoples*, 1st ed. St. Louis, Chambers, 1882.

and his wife G. Schiefenhövel^{30,31} with its extensive photographs, films, and tapes of childbirth among the Eipo, who live in primitive conditions in West New Guinea.

PRINCIPLES OF "NATURAL" BIRTH

The ethnologist Schiefenhövel's accounts of childbirth among the Eipo (West New Guinea) and my own observations among the Kankanaly-Igorot between 1981 and 1984, to be described later, establish several principles for a so-called natural birth. The pregnant woman works until she feels regular uterine contractions. In the last months of pregnancy she does not carry such heavy loads as a nonpregnant woman carries. She gives birth in familiar surroundings, either in her own house, in a menstruation hut, or in the open air. Fear and pain are reduced by the loving care and attention of birth-attendants—female friends and persons who have had experience in childbirth (usually older women)—as well as close relatives or even occasionally her husband. They comfort the parturient woman, encourage her to press hard and give her a great deal of physical and psychological support. There

is close bodily contact between the woman in labor and her birth attendants, who massage her abdomen and arms, which helps to relieve her fear and pain. A vertical body posture is chosen during labor and birth (squatting, sitting, kneeling, or standing), although frequent spontaneous and individual changes of position are common. The parturient woman is free to adopt the position which is most comfortable for her in each stage of labor. There is no touching of the genital area. The baby slides out either onto the ground or into the hands of a birth-attendant.

Common but not obligatory condition for natural birth are: the presence of younger girls who have not yet given birth; the cutting of the umbilical cord not with a metal blade but, for instance in Asia, with a bamboo knife; the ritual cleaning of mother and child; and the treatment of the umbilical cord with ashes.

The advantages of a natural birth for the mother are tocometrically,^{17,18} radiographically,¹⁰ and physiologically^{18,20,33} recognized. A vertical posture shortens the expulsion period^{17,18} and reduces pain.^{5,7,18,28,29} Windle sees the advantages for the newborn baby in the fact that it is always below the mother and therefore receives most of the blood from the placenta and the umbilical cord, which prevents asphyxia and resulting brain damage.³⁵

Possible advantages of birth in vertical as opposed to supine postures are, according to Kirchhoff:¹¹ Better accommodation of the child's head into the pelvic entry; enlargement of the sagittal diameter of the birth channel by approximately 1.5 cm; beneficial consequences of the force of gravity exercised by the uterus and its contents—a) increased uterine efficiency, b) promotion of the widening of the cervix uteri, c) enhancement of the movement of the child's head around the ramus pubis, and d) increased pressure during bearing down;¹⁸ essential shortening of birth process (reportedly 25-33%); optimal blood supply to the child because of diminished pressure on aorta and vena cava, both leading to better placental blood flow; decreased fetomaternal transfusion; increase in the pulmonary capacity and thus in the respiratory reserve;¹⁵ substantial decrease in forceps-delivery (0.7% as opposed to 6.7% according to P. Dunn); and subjective relief during all phases of birth.¹¹

The following description of the customs surrounding pregnancy and birth among the Kankanaly-Igorot will serve to illustrate this.

KANKANALY PREGNANCY CUSTOMS

The Kankanaly-Igorot are mountain dwellers inhabiting the southern parts of the Cordillera-Central in the Philippine island of Northern Luzon. As a

farming community, they live for the most part by rice cultivation in irrigated, terraced fields. Until as late as the early 20th century, the Kankanaly were headhunters. Their concept of medicine is founded on animistic thinking, and they believe that disease is caused by the loss of the soul. Customs surrounding pregnancy and birth can be traced back to empirical experience and the practical instructions derived from this as well as their belief in magic, which makes itself felt in these customs in the form of instructions based on analogy. Nowadays there are trained midwives and physicians in nearly every municipality. But most women still deliver at home.

To ensure that her pregnancy passes without any complications, the expectant mother wears a chain around her head made of the vertebrae of a snake, which is normally worn in the fields as a protection against lightning. The Kankanaly believe that if a mother laughs at the deformities of others, her own child will also be deformed. A prognosis about the sex of the unborn child is made on the strength of the baby's first movements in the womb. If they are felt on the left side, it will be a girl, and if felt on the right side, it will be a boy. As early as Hippocrates (460-375 B.C.) (*Aph.* 5 (48) p. 550 Littré) and the Chinese work “*Ping-yüan-hon-lun*” (610 A.D.),⁸ the same signs were mentioned, although they were interpreted in the opposite way.

THE BIRTH

The pregnant woman works in the fields and carries loads until shortly before she gives birth. In the last two months of pregnancy, however, the loads are less heavy.

When the uterine contractions become more frequent, a corner in the house is prepared for the woman in labor. The Kankanaly do not have their own birth or women's huts. The parturient woman lies down on the floor on a cogon mat and finds something to push against with her feet, one of the very first helps in obstetrics. Most Igorot women give birth from a vertical body posture, whether squatting, sitting, kneeling, or standing. A birth very rarely takes place in bed. The most popular body posture is squatting, holding on to a window ledge. The parturient woman chooses the position most comfortable for her, although there are frequent individual and spontaneous changes of position.

Present at the birth are the husband and a female relative, a neighbor or older woman with experience in childbirth—and nowadays in about a third of cases—a trained traditional birth-attendant. There is close physical contact between the parturient woman and those around her. They give her moral



Fig. 2. Parturient woman while pressing. She sits upright on the thighs of her husband, who supports her. Reproduced by permission from Kohnen, N.: *Geburtsbräuche bei den Kankanai-Igorot-Ein Beitrag zur "natürlichen" Geburt. Dtsch. Med. Wochenschr. 108: 1163-67, 1983.*

support, encourage her to press hard, and massage her arms and abdomen during the pauses between uterine contractions. The husband helps by allowing his wife to sit upright on his thighs which he keeps wide apart, by holding her with his upper arms between breast and fundus uteri, and by giving her a support in this or another position while she is bearing down (Figure 2). This assistance of a familiar person can be seen as the precursor of an obstetric chair, which developed beyond a brick to the well known wooden and sometimes portable chair.

On birth the infant slides into the hands of a birth-attendant and is then washed. As the general idea prevails that the afterbirth tends to stay in the womb and moves up to the breast, the parturient woman, her husband and those around her show no signs of relaxing; instead they massage the parturient woman's lateral abdominal walls to speed up the expulsion of the placenta. Should the expulsion be delayed, they give the umbilical cord a slight pull or take the drastic measure of separating the placenta manually. In difficult cases a *mansip-ok* rite is performed, but not until the placenta is born is the umbilical cord cut with a bamboo knife.¹⁴



Fig. 3. Burial of the placenta and the bamboo knife the umbilical cord was cut with in a hole approximately 30 cm deep. One of the oldest villagers wearing a loin-cloth watches over the ceremonial. Reproduced by permission from Kohnen, N.: *Geburtsbräuche bei den Kankanai-Igorot-Ein Beitrag zur "natürlichen" Geburt. Dtsch. Med. Wochenschr. 108: 1163-67, 1983.*

Infanticide is no longer practised among the Kankanaly. However, Lillo in 1877,² Meyer in 1883,¹⁹ and Jenks in 1905⁹ gave accounts of infanticide on twins. At the turn of the century this practice was abandoned among the Bontoc-Igorot,⁹ and the second-born twin was handed over to a relative who was then responsible for his upbringing. If the mother died during the two-year breast-feeding period, the child was buried alive with her.²⁵

BURIAL OF THE PLACENTA

Older literature makes no reference to the treatment of the afterbirth and the umbilical cord among the Igorot. It is the general custom with them even

today to bury the placenta and carefully to preserve the umbilical cord. While relatives and onlookers crowd around the newborn infant, the father buries the placenta as quickly and as inconspicuously as possible. He is usually helped by one of the oldest in the village, who, being familiar with the traditional rites, gives advice and ensures that the burial of the placenta is carried out correctly (Figure 3).

The reanimation of the placenta by means of a wicked spell debilitates the person it is connected with; similarly, the death of the afterbirth must be ensured for the child to be able to lead a healthy and energetic life. For this reason, burial of the placenta is of utmost importance to the Igorot. Here again the old tendency of the human intellect is to explain everything in terms of opposites. The placenta must die and be buried so that the child can live.^{12,13} Failure to observe the burial obligation or a breach of the rules is said to lead to imbecility in the child. Animals on the loose, dogs or pigs, who nose out and eat the placenta allegedly not only debilitate the child but can even cause his death.

PROTECTION FOR MOTHER AND CHILD

After the birth of a newborn child among the northern Kankanalay a sign is erected in front of the house to ward off demons and disease-bringing spirits. This is usually a stick made of old black pinewood which has been found below the ground in the mountains. It is said to possess great powers of resistance. The house is protected against demonic attacks by other signs as well, e.g., pudungs. These are reeds, the leaves of which are tied in a knot (Figure 4). Barton calls this an "ethical lock" because it is useful in many situations where something is to be forbidden or "locked up." Thus, pudungs can prevent someone from walking over a new field dam or entering a house in the absence of its inhabitants. When a mother, a father, and their child go off to visit relatives in a different village, a black cross is painted on the child's forehead. In the case of older children, amulets, bracelets, and necklaces are often used as protective signs. With the northern Kankanalay the newborn infants are given the name of the first visitor of the same sex as the child.

THE UMBILICAL CORD

When the umbilical cord drops off after five or six days it is also buried so that nobody else can come into possession of it and cast a wicked spell



Fig. 4. Family with newborn baby in front of a pudung which protects their house. Reproduced by permission from Kohnen, N.: Geburtsbräuche bei den Kankanai-Igorot- Ein Beitrag zur "natürlichen" Geburt. *Dtsch. Med. Wochenschr.* 108: 1163-67, 1983.

on the child. In the case of boys it is buried near the placenta, in the case of girls some distance away from it, but not too far from the house. First it is put into a bamboo receptacle, which is then locked, or into a small earthenware vessel; then it is buried near the house or placed near the hearth so that the child does not become forgetful (southern Kankanaly). On the other hand, others put it in the top end of the bamboo ladder at the entrance to the hut, which they seal carefully (northern Kankanaly).

The spread of scientific knowledge into Kankanai territory from education and state initiative has brought prospects of effective medicine is ousting the scintillating mixture of empirical experience and belief in magic which still determines the old customs. This is leading more and more to a formal universalism which leaves no room for a variety of individual concepts of medicine.

SUMMARY

Delivery in supine position became predominant only during the last two centuries, when the development of scientific medicine increased the need for objective observation during labor. In the last decade a reconsideration of traditional customs has taken place and interest in the so-called natural birth is increasing. Now it is necessary to learn from the primitives about the naturalness of birth. This paper summarizes characteristics and advantages of natural delivery and customs of childbirth among the Kankanai-Igorot of the Philippines.

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